

TOWN OF HALFMOON SUMMER CAMP REGISTRATION

Mailing Address: _____ Town/City: _____ Zip: _____
 Email _____

Guardian #1: _____ Home: _____ Cell: _____ Work: _____ Ext. _____
 Guardian #2: _____ Home: _____ Cell: _____ Work: _____ Ext. _____
 Additional Emergency Contact: _____ Home: _____ Cell: _____ Work: _____ Ext. _____
 Authorized Pick Ups (not listed above) (1) _____ (2) _____ (3) _____

Child's Name	Grade (in the Fall)	D.O.B.	Sex (M or F)	Attended last year? (✓)	Medical Information	Medication at camp? (✓)	Ethnicity (circle one)
							White
							Black
							Asian
							Hispanic
							American Indian
							2 or more races

Are you using bus transportation? Yes _____ No _____ Guardian Initial _____

BUS STOP COMPLETED BY STAFF	<u>AM STOP</u>	<u>PM STOP</u>
Staff Initials: _____		

I hereby grant that my child / children, identified above, can participate in the 2017 Summer Recreation Program with the Town of Halfmoon. I further agree that if he / she becomes injured, the Town of Halfmoon and the Town of Halfmoon Recreation Department, through it's servants, officers, employees, or agents, may obtain emergency medical treatment / and transportation as deemed necessary to provide individual safety and wellbeing. I further understand that the Town of Halfmoon will first attempt to contact me at the numbers listed on the registration form to obtain consent for treatment if the conditions and time permits.

The undersigned states that he/she understands that the Town of Halfmoon is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program, activities occurring during the program and/ or transportation during the program, and the undersigned hereby releases and holds harmless the Town of Halfmoon from all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have either individually or as a parent and natural guardian for any claim that has resulted from the child's participation in the program. Also, the undersigned waives any and all claims that he/she alleges or his/her heirs, executors, administrators, or assigned may have or claim to have resulting from a photograph (black/white or color) or video taken of said person while participating in the program.

I hereby agree to indemnify and hold the Town of Halfmoon, it's employees, servants, officers and agents free and harmless from and against any and all losses, liabilities, causes of action, all other types of claims of every kind and character arising out of, relating to, and occurring either directly out of the use of any or all of the Halfmoon facilities, parks, municipal buildings, streets, highway or other lands by the undersigned either as individuals / parents of minor children or as member of a group or as result of any acts and or omissions including negligence by the Town of Halfmoon, it's officers, servants, employees, and agents. I further agree to investigate, handle, respond to, provide defense for and defend any such cause of action, lossor other claims at my sole expense and agree to bear all other costs and expenses related there to.

*** I Have Read & Understand the Registration, Authorized Participation And Waiver Statement and Indemnification Waiver.** I understand that if any clause, sentence, paragraph, section or part of the Recreation Statement is judged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part there of directly involved in the controversy in which such judgment shall have rendered.

SIGNATURE OF GUARDIAN

PRINT

DATE

Please READ and INITIAL next to each sentence to acknowledge

<u>Initials</u>	<u>Statements</u>
	I have been made aware that a digital copy of the brochure/parent handbook is posted on the town's website for the duration of the summer program. I hereby state that I understand, and acknowledge the policies/rules of the Halfmoon Recreation Program and will explain them carefully to my child(ren). I understand that if any inappropriate behavior is displayed, my child(ren) may be dismissed from the program and no fees will be refunded.
	The included Medical information and Immunization Records are all up to date, true and accurate. The Town reserves the right to require an aid be present to assist in the care of any child participating in the program as deemed appropriate by the Town.
	I acknowledge any financial charges resulting from damage to a site, bus, or field trip will be solely my responsibility.
	I have received all (3) permission slips. I understand the <u>1st slip</u> for weeks 1-2 must be completed and turned in by June 2nd , <u>2nd slip</u> for weeks 3-4 by June 28th , and the <u>3rd slip</u> for weeks 5-6 by July 12th . I understand that once turned in, <u>NO</u> changes may be made.
	I acknowledge that it is my responsibility to know what each trip requires (i.e. waivers, lunch, socks & sneakers) and understand that if my child does not come to camp with required items they will not attend the trip that day.
	I acknowledge that trips and lessons may conflict and if I sign my child(ren) up for a trip that does conflict; my child(ren) will be sent on the field trip. I understand that lessons are non-refundable.
	I give my child (ren) permission to carry and use sunscreen at camp. I hereby permit staff to only apply the provided sunscreen to my child.
	I understand that except the trips to Dave & Buster's, Flight Trampoline, Clifton Park Ice Skating, Lucky Strike and Great Escape partial refunds will be offered for missed trips. The total trip(s) amount minus the \$2 transportation fee needs to be at least \$25 per family in order to receive a refund.
	I acknowledge that after June 2 nd , my child will remain in the grade level specified on the registration packet. Any switching after this date will result in re-registration of the child and an additional registration fee. I also acknowledge that I need to submit in writing any request to switch the grade level of my child before the deadline
	I acknowledge that PM transportation will NOT be provided for children attending Wednesday long trips (6/28 and 8/2). Therefore, I will need to pick my child up from the Pavilion. Further, I acknowledge that the child must be signed out.
	I acknowledge that only authorized person(s) with a photo ID may pick up my child. Further, I understand that any additional authorized pick-ups must be submitted in writing before they will be allowed to pick up.
	I acknowledge that Halfmoon Recreation is required to transport my child(ren) to and from all trips and lessons. I further acknowledge that I will not be able to drop off/pick up my child(ren) from any trips or lessons.
	I acknowledge that if my child is in: 1st – 2nd I will wait with them at the bus stop in the morning and will be at the stop in the afternoon to pick up. 3rd – 5th I will wait with them at the bus stop in the morning and will be at the stop in the afternoon to pick up unless I sign the waiver below. 6th – 10th I am <u>not required</u> to wait at the bus stop in the morning or afternoon.
	I acknowledge that if I am required to be at the PM bus stop for pickup and I am not, my child(ren) will be transported back to the Clubhouse site for parent pickup. If this is a recurring issue, the Director may revoke bus privileges.

Grades 3rd – 5th ONLY: My child has permission to walk home from the bus stop without waiting for me to pick up. _____

(Guardian Signature)